

SENATE BILL REPORT

SB 5423

As of February 20, 2013

Title: An act relating to containing the scope and costs of the diabetes epidemic in Washington.

Brief Description: Concerning the scope and costs of the diabetes epidemic in Washington.

Sponsors: Senators Schlicher, Becker, Keiser, Delvin, Bailey, Murray, McAuliffe, Conway, Kohl-Welles and Roach.

Brief History:

Committee Activity: Health Care: 2/19/13.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: Diabetes is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin. Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Type 2 diabetes is the most common form of diabetes. Millions of Americans have been diagnosed with type 2 diabetes, and many more are unaware they are at high risk. In type 2 diabetes, either the body does not produce enough insulin or the cells ignore the insulin. Pregnant women who have never had diabetes before but who have high blood sugar levels during pregnancy are said to have gestational diabetes.

The Department of Health (DOH) administers the Diabetes Prevention and Control Program (DPCP) which aims to meet the ten goals in the Washington State Diabetes Plan to prevent and control diabetes in this state. DPCP establishes various programs to aid in training professionals, managing and sharing information, and providing basic services through local coalitions. DOH collaborates with the Washington State Diabetes Network, which is composed of public, private, academic, and community sectors and sets priorities to meet the goals of the Washington Diabetes Plan. DOH also trains medical professionals to improve the detection and treatment of people with diabetes in primary health settings and administers the Healthy Communities Washington program which teaches healthy living practices to address health concerns related to diabetes, obesity, and tobacco use.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Health Care Authority (HCA) conducts a performance analysis report of its Healthy Options program and assesses the percentage of Medicaid enrollees with diabetes.

The Office of Superintendent of Public Instruction (OSPI) created specific guidelines for the care and treatment of type 1 and type 2 diabetes in response to a statutory requirement that school districts provide individual health plans for students with diabetes. OSPI collects data annually on the prevalence of diabetes, the prevalence of students whose condition is threatening, and the number of students who have emergency care plans and individualized care plans.

The Department of Social and Health Services (DSHS), through the Aging and Disability Services Administration, administers the Chronic Disease Self-Management Program (CDSMP), in collaboration with DOH. The CDSMP is a six-week workshop where aging populations with different chronic diseases receive special training to manage chronic illnesses and maintain a healthy lifestyle.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): HCA, DSHS, and DOH must collaborate to identify goals and benchmarks while developing individual agency plans to reduce the incidence of diabetes in this state, improve diabetes care, and better control the medical complications and financial impacts associated with diabetes.

Beginning December 31, 2014, and every two years thereafter, HCA, DSHS, and DOH must report to the Governor and the Legislature on:

- financial impacts that diabetes is having on programs administered by state agencies, including the number of persons with diabetes impacted or covered by programs administered by each agency, information on the impact on their family members, and the financial toll placed on these state agencies;
- an assessment of the benefits of implemented and existing programs and activities aimed at controlling and preventing diabetes;
- a description of the level of coordination existing between the agencies on their programs; and
- actionable items, policy, and budget, to be considered by the Legislature.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: We need to look at the costs of diabetes and our increasing obesity epidemic. The state agencies mentioned in the bill have done great work and we need to coordinate their activities. This is the first step in tackling the diabetes epidemic. The scope and costs of diabetes are increasing; things are getting worse. We have seen hospitalization rates related to diabetes double. The most pressing issue now is the

financial management of health care dollars. Most hospitalizations are preventable if they are managed before they get to that stage. Diabetes produces expensive costs to the health care system. This bill presents a common sense option, to coordinate activities currently taking place. It is time to break down the silos of care between agencies. Kentucky has used this approach and has accumulated remarkable data and information to use in the prevention and treatment of diabetes. We need to restore the adult dental program which will result in savings to the general fund. There is a correlation between dental care and type 2 diabetes. The American Diabetes Association and other private organizations are willing to help in this effort.

Persons Testifying: PRO: Senator Schlicher, prime sponsor; Steward Perry, Diabetes Advocate and Consultant; Tom Boyer, Michael Transue, Novo Nordisk; Linda Hull, WA State Dental Assn.; Donna Christensen, American Diabetes Assn.